



Substitute for Form 1449A/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT (use as many sheets as necessary)				Application Number	10/674,268
				Filing Date	September 29, 2003
				First Named Inventor	Michael Fantuzzi
				Art Unit	1623
				Examiner Name	Kosson, Rosanne
Sheet	1	of	1	Attorney Docket Number	33503/US

U.S. PUBLISHED DOCUMENTS

*Examiner Initials	Cite No.	DOCUMENT NUMBER Number - Kind Code (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
RK		US- US2003/147927	08-07-2003	Khan et al.	

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		Country Code:	Number - Kind Code (if known)				YES	NO
		JP	57-042616	03-10-1982	Freund Sangyo KK		<input type="checkbox"/>	<input type="checkbox"/>
		WO	02/09685	02-07-2002	Steigerwald Arzeimittelwerk GmbH		<input type="checkbox"/>	<input type="checkbox"/>
		WO	03/105607	12-24-2003	Yissum Research Development Company of the Hebrew University of Jerusalem		<input type="checkbox"/>	<input type="checkbox"/>

OTHER DOCUMENTS - NON-PATENT LITERATURE DOCUMENTS

*Examiner Initials	Cite No.	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published	TRANSLATION	
			YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>

EXAMINER SIGNATURE

Rosanne Kosson

DATE CONSIDERED

8/11/05

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

Substitute for form 1449A/PTO

**INFORMATION DISCLOSURE
STATEMENT BY APPLICANT**

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First Named Inventor Michael Fantuzzi

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		Country Code:	Number - Kind Code (if known)				YES	NO
RK		WO	98/40086	09-17-1998	The Riley Fletcher Foundation		<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>

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			YES	NO
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